



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

2019 Application for Permit to Operate a Food Establishment

☐ *Please check this box if your establishment has an existing Variance*

Name of Establishment: _____

Tel #: _____ Fax #: _____ Email: _____

Establishment Address: _____

Mailing Address (If Different): _____

Name and Title of Applicant: _____

Address of Applicant: _____

Name and Address of Owner _____
(If different from applicant)

Emergency Response Person: _____ Phone #: _____

Partner or Corporate Name (List Partners Below):

Name	Title	Home Address
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Number of Seats: _____ Hours of Operation: _____ Is a dumpster used? ☐ Yes ☐ No

If yes, provide Contractor Name: _____

Certified Food Manager: _____ (attach copy of certificate)

Employee (s) Trained in Allergen Awareness: _____ (attach copy of certificate)

Employee (s) certified in choke saving: _____ (attach copy of certificate)

Type of Service: (Circle all that apply) Sit Down Meals Take out Caterer Grocery Convenient Store

<u>Type of Establishment</u>	<u>Fee</u>	<u>Amount Due</u>
Category Risk Level 1	\$100.00	_____
Category Risk Level 2	\$200.00	_____
Category Risk Level 3	\$300.00	_____
Category Risk Level 4	\$400.00	_____

Signature of Applicant: _____ Date: _____